

ORIGINAL

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ NOV 26 2008 ★

BROOKLYN OFFICE

DAVID SAN INOCENCIO

Full name of plaintiff/prisoner ID#

Plaintiff,

-against-

James Arroyo
JOHN DOE

JURY TRIAL DEMAND

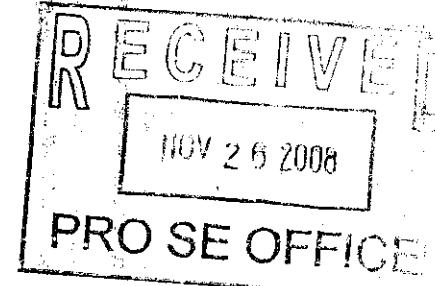
YES NO

DEARIE, J.

Enter full names of defendants

[Make sure those listed above are identical to those listed in Part III.]

Defendants.



I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (✓)

B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

Defendants:

2. Court (if federal court, name the district; if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

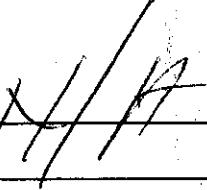
7. Approximate date of disposition: _____

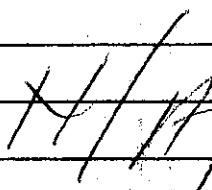
II. Place of Present Confinement: _____

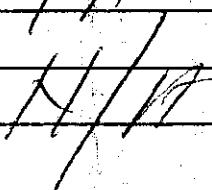
A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()

C. If your answer is YES,

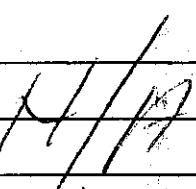
1. What steps did you take? _____ 

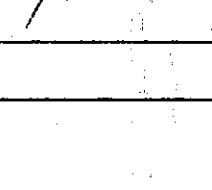
2. What was the result? _____ 

D. If your answer is NO, explain why not _____ 

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____ 

2. What was the result? _____ 

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff DAVID SAN INOCENCIO #141-0808642
Address 18-18 Hazen Street East Elmhurst
Queens N.Y. 11370

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

James Arroyo (cop)
94 DCT Brooklyn

Defendant No. 2

John Doe (Police Officer)
94 PCT Brooklyn
His partner

Defendant No. 3

6

Defendant No. 4

Digitized by srujanika@gmail.com

— 6 —

Defendant No. 5

10. *What is the best way to increase the number of people who use a particular service?*

[Make sure that the defendants listed above are identical to those listed in the caption on page 11.]

Police didn't Arrest the 3 duders who attacked me and Robbed me of My Cell Phone, Wallet with I.D.s and \$313.00 Dollars and One 24K Gold Neckless, instead they arrested me for Robbery, The 3 individuals fracture my Right Eye ~~in~~ in Two Places and Also My Nose.

When The Police Spoke with the 3 individuals they told the detective that they beat me up because I Robbed Some One.

detectives then let the 3 guys go without no further action!

I asked, asked the detectives I wanted to press charges And they said I couldn't, I had to wait till I was out of jail! I ~~went~~ Went to Bellview Hospital and Received Medical treatment, Medical Records at

See ATTRACT PAPERS

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

IV. A

If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Fracture Right Eye in Two Places
And Nose, Medical Records at
Bellevue Hospital.

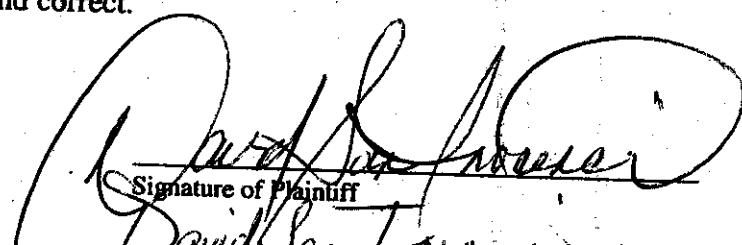
V. Relief:

State what relief you are seeking if you prevail on your complaint.

MONTEY DAMAGES + PUNITIVE DAMAGES
FOR PAIN & SUFFERING AND VIOLATION
OF MY CONSTITUTIONAL RIGHTS IN
THE AMOUNT (Ten million Dollars)

I declare under penalty of perjury that on 11/21/08, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 21 day of November, 2008. I declare under penalty of
perjury that the foregoing is true and correct.


Signature of Plaintiff
David San Francisco
Name of Prison Facility
18-18 Hazen St.
East Elmhurst, Queens
New York, 11370
Address
141-08-08642
Prisoner ID#